NO SWOOT THINKS HIEROGEST

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/59968

CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
FOR			NUMBE	RFILED	١	NUMBER EXTRA		Г	RATE	FEE	1	RATE	FEE
BASIC FEE								345.00	OR		690.00		
то	TAL CLAIMS	90	23	minus 2	20= *	٠ 3			X\$ 9=	27	OR	X\$18=	54
INDEPENDENT CLAIMS 5 minus 3 = * 2							X39=	18	OR	X78=	156.		
MU	LTIPLE DEPEN	IDENT	CLAIM PF	RESENT		+130=	, ,	1 1	+260=	104			
* If	the difference	in colu	ımn 1 is l	ess than ze	L	TOTAL		OR	TOTAL	900			
	C	S AS A	MENDED		TOTAL		OR	OTHER	100				
		(Coli	umn 1)		(Col	(Column 2) (Column 3)			SMALL ENTITY		OR	SMALL	
AMENDMENT A		CLA REMA AFT AMENI			NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MU	JLTIPLE DEF	PENDE	NT CLAIM			+130=		OR	+260=	
								L	TOTAL			TOTAL	
		(Coli	umn 1)	•	(Cal	lumn 2)	(Column 3)	ΑI	DDIT. FEE		JOR ,	ADDIT. FEE	,
		CL	AIMS		HIC	GHEST				ADDI-	· [ADDI-
AMENDMENT B	AF		AINING TER IDMENT		PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE		TIONAL FEE		RATE	TIONAL
NDN	Total	* ·		Minus	**		=		X\$ 9=		OR	X\$18=	,
AME	Independent * FIRST PRESENTATION		Minus		***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MIC	JUITPLE DEF	PENDE	NI CLAIM			÷130=		OR	+260=	-
								TOTAL			TOTAL		
		(Coli	umn·1)		(Col	umn 2)	(Column 3)	AL	DIT. FEE		,	ADDIT. FEE	
ENT C		CL REM AF	AIMS AINING TER IDMENT		HIC NU PREV	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***		=		X39=		ŀ	X78=	
7	FIRST PRESE	NTATIC	ON OF MU	ILTIPLE DEF	PENDE	NT CLAIM					OR	7.70=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 92900 2 Serial/Patent # 09/399079											
3 Please refund the following fee(s):	4 PAPER 5 DATE NUMBER FILED 6 AMOUNT										
Filing	\$ 105										
Amendment	\$										
Extension of Time	\$										
Notice of Appeal/Appeal	\$										
Petition	\$										
Issue	\$										
Cert of Correction/Terminal Disc.	\$										
Maintenance	\$										
Assignment	\$										
Other	\$										
	7 TOTAL AMOUNT S 5										
	8 TO BE REFUNDED BY:										
10 REASON:	Treasury Check										
Overpayment	Credit Deposit A/C #:										
Duplicate Payment	9										
No Fee Due (Explanation):											
·											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME) TITLE: Lead 308-948/											
SIGNATURE: SOB 978/											
OFFICE: DIPE 17											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED:	DATE:										

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B